

Conclusion: In a diverse group, there was no difference in progression to CD4 ≤ 350 cells/mm³ in the first year of attendance between cohorts. Knowledge of time of infection eliminates bias of late presentation in assessing true progression. Further large-scale prospective studies should focus on progression from seroconversion and minimising late presentation.

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Effectiveness of "positive prevention" among people living with HIV/AIDS in Yunnan Province, China

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Background: HIV/AIDS prevention needs not only a participation of HIV-negative people, but also the HIV-positive. "Positive prevention", which mainly targets on people live with HIV/AIDS (PLWH), aims to improve PLWH's health knowledge, self-esteem and life quality, protect their families and communities, and helps reducing HIV related infections as well as HIV transmission. This project evaluated the effectiveness of "Positive Prevention" among multiethnic people living with HIV/AIDS in Yunnan province, China.

Methods: Using a quasi-experiment design and doing surveys before and after intervention.

Results: On baseline, total 620 qualified questionnaires were finished, 312 from R county and 308 from L. 227 participators of R county enrolled in training, 6 months later 89.43% were followed, as well as 88.96% of L county. There were no significant differences between initial and tracing population of both counties. Through interventions, R county got higher knowledge rates than L in most questions; its average scores on 4 belief factors - perceived susceptibility and severity of diseases, perceived benefits of engaging in health behaviors, self norms- remarkably increased; in past 3 months, the condom using rate raised slightly (from 89.91% to 92.17%) whenever having sex with his/her married partner, and unprotected intercourses with the out-of-marriage decreased from 23.08% to 5.88%, and for the latest sex, the condom using rate increased from 77.97% to 97.69%. However, there were insufficient evidences on reducing drug using and syringe sharing.

Conclusion: "Positive Prevention" effectively improved R county participators' pertinent knowledge and belief, and also reduced high risk sexual behaviors to some extent. Moreover, with participators' praise and welcome, the training was proved to be feasible and proper.

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Demographic and psychosocial factors associated with appointment attendance among HIV positive outpatients

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Background: Appointment attendance is an important strategy for ensuring adherence to antiretroviral treatment (ARV), and also provides valuable opportunities for HIV care professionals to assess the patient's need for medical advice, individualized treatment, and implement behavior interventions when needed. The purpose of the present study was to identify individual and psychosocial characteristics associated with HIV-related medical appointment non-attendance among adult participants attending the Outpatient Adult HIV/AIDS Immunology Clinic at Jackson Memorial Hospital (JMH) in Miami, Florida over a 12-month period.

Methods: Patient selection: Treatment naïve or no ARV for the previous 6 months at study entry. Baseline questionnaire included demographic, social and behavioral determinants, depression level, CD4 cell count and viral load. Data on medical appointment attendance was obtained from the Jackson Computer Data System retrospectively for 12 months from baseline. Mean percent of missed appointments was obtained. Pearson and Spearman correlations were used to analyze the relationship between potential predictors. A hierarchical linear multiple regression (HLMR) analysis testing the relation of the factors above to appointment non-attendance was conducted. One-way ANOVA was performed to examine whether missed appointments would vary based on CD4 count at baseline.

Results: A total of 178 patients, 110 males (61.7%) and 68 females (38.2%) were included. African Americans represented 70.2% ($p < 0.001$) of participants. The average age was 41.05 ± 10.04 for men and 43.2 ± 12.23 for women. 131 (73.6%) missed at least one appointment, 29 (16.29%) missed all appointments, and 18 (10.1%) attended to all scheduled appointments. Missed appointments averaged 27.9%. HMLR was significant ($R^2: 0.064$, $F(3,142) = 3.17$, $p = 0.026$). Greater non-attendance was associated with younger age ($b = -0.21$, $t = -2.5$, $p < 0.014$), and no family support ($b = -0.19$, $t = -2.23$, $p = 0.028$).

Conclusion: Medical appointment non-attendance has been associated with younger age and lack of family support. Non-attendance has been consistently demonstrated in similar studies to be associated with younger age. Interventions targeted to young patients and strengthen family support could address and improve medical appointment attendance as part of the complexity of long term HIV patients adherence.

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